



Incident Report

Print Date/Time: 04/07/2016 08:31

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00006466

Incident Date/Time: 4/6/2016 7:31:00 PM
Location: SR 92 / LAKE DR
LAKE STEVENS WA 98258
Phone Number: (206) 384-7231
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19N1	SS0072-Aukerman
19N2	SS0132-Kilroy
19N3	SS0134-Lyons
19S13	SS0095-Miner

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	WSP					
2	Reporting Party	HEARD, ANDREW T	1205 W CASINO RD D102 EVERETT WA 98204	(206) 384-7231	White	Male	06/12/1986
1	Victim	MCDADE, ANDREW M	3503 223RD ST SW Brier WA 98036		White	Male	02/05/1999
1	Involved Party	OLSON, TY KENNETH	10114 54TH PL NE LAKE STEVENS WA 98258	(425) 249-6053	Unknown	Male	03/30/1978

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						AXW2704	
Involved Vehicle						C02992B	
Involved Vehicle	Passenger Car	2015	Volkswagen	Golf	Silver - Aluminum	AWF1454	WA

Disposition(s)

Disposition	Count
S	1
R	4

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

04/06/2016 : 19:55:08 SP0166 Narrative: 19N2 TOW OS

04/06/2016 : 19:48:43 sp0355 Narrative: UPDATED 3 GRN PTS

04/06/2016 : 19:44:47 sp0355 Narrative: 2 GRN 1 YEL PT

04/06/2016 : 19:43:50 SP0408 Narrative: R/R STAR TOW ER

04/06/2016 : 19:41:29 SP0408 Narrative: TOW X2, FRONT END DAMAGE ON BOTH

04/06/2016 : 19:36:23 SP0338 Narrative: LR338

04/06/2016 : 19:36:19 SP0338 Narrative: 17 YOM CABN, LEG PX IN GMC TK

04/06/2016 : 19:35:51 sp0257 Narrative: Narrative added from associated Call #: 776 - ADVISING AID

04/06/2016 : 19:35:40 SP0338 Narrative: MY RP SAYS AT LAKE DR/SR 92 MCDADE,ANDREW 425-445-0772, ONE RP W/LIMP IN FOOT REQ EVAL

04/06/2016 : 19:35:36 sp0257 Narrative: Narrative added from associated Call #: 776 - INFO VIA STATE ER TO REPORT OF 3 VEHS, N/D, BLOCKING WB LANES, UNK INJ

04/06/2016 : 19:34:43 SP0302 Narrative: IS ON SR 92, VIA VW ASSISTANCE 8778811459 REF 1-10131516161, LR302

04/06/2016 : 19:33:09 SP0302 Narrative: CC,NOW 3 VEH ACC,NON INJ, IS BLKG , SIL VW , WHI PU TRK, VS GRY SEDAN

STATEMENT MCDADE, ANDREW M



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-6466VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>McDade Andrew M</u>	RACE <u>W</u>	ETHNICITY <u>EURO</u>	SEX <u>M</u>	D.O.B. <u>2/6/99</u>	AGE <u>17</u>	HGT <u>5'4"</u>	WGT <u>190</u>	HAIR <u>Brn</u>	EYES <u>Brn</u>
STREET ADDRESS <u>3503 223rd St SW</u>			CITY <u>Brier</u>		STATE <u>WA</u>		ZIP <u>98036</u>		
HOME PHONE		CELL PHONE			WORK PHONE				
EMAIL ADDRESS (OPTIONAL) <u>Andrewm@sitka.serv.com</u>					PLACE OF EMPLOYMENT				

STATEMENT:

I was slowing down for a white truck to make a left hand turn in front of me and as the white truck made it turn without his turn signal the car behind me was rear ended and then the white behind me struck my rear bumper and pushed me about. I drove forward pushing my right foot into the brake pedal that is when I dumped out the seat everyone else was okay.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

4/6/16

OFFICER/NUMBER:

SKILROY 132

DATE SIGNED:

4/6/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

04/07/2016 THU 03:40

FAX 4253349842

Lake Stevens Police Dept

001

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 1408
DESTINATION ADDRESS 14254073968
SUBADDRESS
DESTINATION ID SnoPac
ST. TIME 04/07 03:39
TX/RX TIME 00' 32
PGS. 1
RESULT OK

CHECK ALL THAT APPLY:

- ☒ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

TOW / IMPOUND
AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

2016-00006466

VEHICLE INFORMATION

VIN 3W1WICAF7A00FIM513627				
LICENSE AWF1454	STATE WA	YEAR 2015	MAKE VOLK	MODEL GOLF
MILEAGE <input type="checkbox"/> Report of Sale <input type="checkbox"/> Digital		STYLE COLOR		

DRIVER	REGISTERED OWNER	LEGAL OWNER
NAME (LAST, FIRST, MI) Heard, Andrew T	NAME (LAST, FIRST, MI) Laboratory Corp. of America LSE	NAME (LAST, FIRST, MI) Wheels Lt LSR
STREET ADDRESS 1205 W Casino Rd Apt. D102	STREET ADDRESS 1117 W Division St	STREET ADDRESS 666 Garland Pl
CITY, STATE, ZIP CODE Everett, WA 98204	CITY, STATE, ZIP CODE Mount Vernon, WA 98273	CITY, STATE, ZIP CODE Des Plaines, IL 60016
PHONE 206-384-7231	DOB 06/12/86	PHONE 206-861-7000

AUTHORIZATION AND RECEIPT

ON 4/6/16 AT 2010 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
(DATE) (24 HOURS)
ITEMS IN THE DESCRIBED VEHICLE, I AUTHORIZED R & R Star 5368-03
(TOWING FIRM) (DOL TRUCK NO.)
DRIVEN BY Patrick Stone TO REMOVE THIS VEHICLE FROM SR 92 & Lake Dr
(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> [] KEYS	<input type="checkbox"/> FRONT SHADE DAMAGED AREA		
<input type="checkbox"/> LOCKED TRUNK	<input type="checkbox"/> R FRONT		
<input type="checkbox"/> LOCKED GLOVE BOX	<input type="checkbox"/> R SIDE		
<input type="checkbox"/> LOCKED CENTER CONSOLE	<input type="checkbox"/> R REAR		
<input type="checkbox"/> AUTO STEREO	<input type="checkbox"/> L FRONT		
<input type="checkbox"/> [] DISC(s)	<input type="checkbox"/> L SIDE		
<input type="checkbox"/> HANDS FREE DEVICE	<input type="checkbox"/> L REAR		
<input type="checkbox"/> GPS	<input type="checkbox"/> REAR		
<input type="checkbox"/> RADAR/LIDAR DETECTOR	<input type="checkbox"/> TOP		
<input type="checkbox"/> SPARE TIRE	<input type="checkbox"/> UNDERCARRIAGE		
<input type="checkbox"/> JACK	<input type="checkbox"/> OTHER		
<input type="checkbox"/> CHAINS			
<input type="checkbox"/> OTHER			
INVENTORY		NARRATIVE OR DIAGRAM	
		(List reason(s) for impound.)	

STATEMENT HEARD, ANDERW THOMAS



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-6466VICTIM ☒ WITNESS ☐NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>HEARD, ANDREW THOMAS</u>	RACE <u>W</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>6/12/86</u>	AGE <u>29</u>	HGT <u>5'9</u>	WGT <u>200</u>	HAIR <u>BRN</u>	EYES <u>BRN</u>
STREET ADDRESS <u>1205 W CASINO RD #D102</u>			CITY <u>EVERETT</u>			STATE <u>WA</u>		ZIP <u>98204</u>	
HOME PHONE		CELL PHONE <u>206 384 7231</u>			WORK PHONE				
EMAIL ADDRESS (OPTIONAL) <u>AHEARD.T@gmail.com</u>					PLACE OF EMPLOYMENT <u>LABCORP</u>				

STATEMENT:

COMING UP TO HWY 9 - TRAFFIC WAS STOPPED @ LIGHT. I SLOWED/STOPPED AND WAS
 SUBSEQUENTLY HIT BY DRIVER BEHIND ME. WHEN TALKING TO HIM IMMEDIATELY AFTER,
 HE MENTIONED BEING DISTRACTED AND LOOKING DOWN FOR 5 SECONDS.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED:

4/6/16

OFFICER/NUMBER:

SKILGARD / 132

DATE SIGNED:

4/6/16

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE,
 HEALTHY, AND PROSPEROUS COMMUNITY"

Page 1 OF 1

2016-00006466



1 of 7

LSPD
ORIGINAL

2016-6466



2 of 7
LSPD
ORIGINAL

2016-6466



3 of 7

LSPD
ORIGINAL

2016- 64166



4 of 7
LSPD
ORIGINAL

2016-6466



5 of 7

LSPD
ORIGINAL

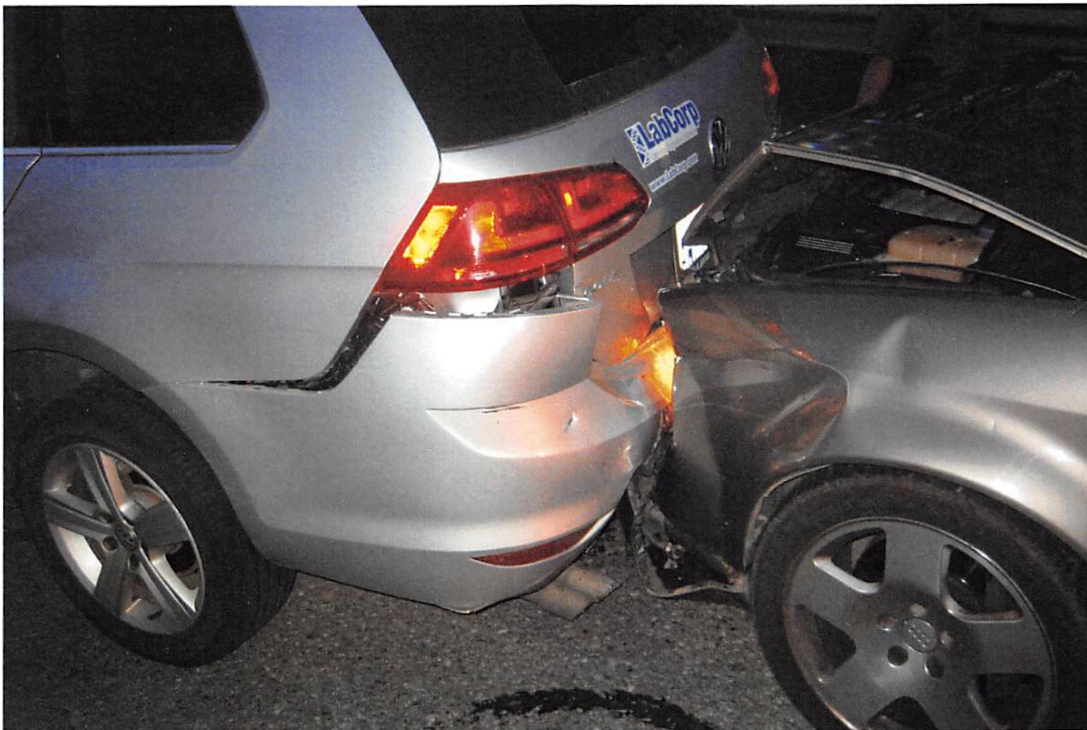
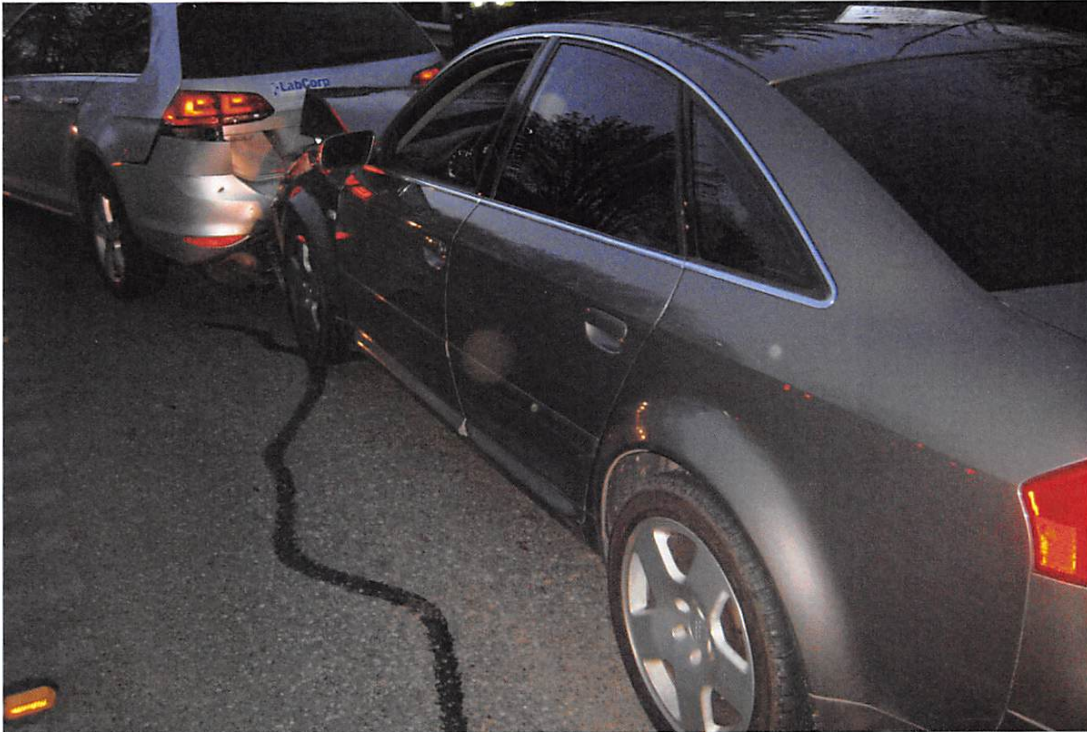
2016-6466



6 of 7

LSPD
ORIGINAL

2016-6466



7 & 7

LSPD
ORIGINAL

TOW IMPOUND RECORD - R and R TOWING

CHECK ALL THAT APPLY:

- ☒ NON-IMPOUND / TOW
- ☐ AAA or OTHER ROADSIDE ASSISTANCE
- ☐ EVIDENCE
- ☐ SEIZED UNDER RCW 69.50.505
- ☐ IMPOUND ONLY
- ☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
- ☐ DWLS IMPOUND WITH ____ DAY HOLD
- ☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
- ☐ REGISTERED OWNER MAY REDEEM
- ☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
- ☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

2016-0006466

TOW / IMPOUND
AND INVENTORY RECORD

VEHICLE INFORMATION

VIN 3VWCA7AU0FM513627				
LICENSE AWF1454	STATE WA	YEAR 2015	MAKE VOLK	MODEL GOLF
<input type="checkbox"/> Report of Sale		<input type="checkbox"/> Digital		STYLE COLOR

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI) Heard, Andrew T	NAME (LAST, FIRST, MI) Laboratory Corp. of America LSE	NAME (LAST, FIRST, MI) Wheels Lt LSR
STREET ADDRESS 1205 W Casino Rd Apt. D102	STREET ADDRESS 1117 W Division St	STREET ADDRESS 666 Garland Pl
CITY, STATE, ZIP CODE Everett, WA 98204	CITY, STATE, ZIP CODE Mount Vernon, WA 98273	CITY, STATE, ZIP CODE Des Plaine, IL 60016
PHONE 206-384-7231	DOB 12/06	PHONE 206-861-7000

AUTHORIZATION AND RECEIPT

ON 4/6/16 AT 2010 PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
(DATE) (24 HOURS)

ITEMS IN THE DESCRIBED VEHICLE, I AUTHORIZED R & R Star 5368-03
(TOWING FIRM) (DOL TRUCK NO.)


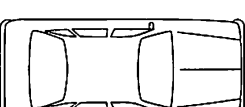
DRIVEN BY Patrick Stone TO REMOVE THIS VEHICLE FROM SR 92 & Lake Dr
(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT

DAMAGE

EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

<input type="checkbox"/> [] KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [] DISC(s) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR/LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> FRONT <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____	SHADE DAMAGED AREA  			
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INVENTORY

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

☒ I PROVIDED A COPY OF THIS TOW/IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☒ I PROVIDED A COPY OF THIS TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW/IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X

Snokowish

COUNTY, WA

BADGE NO.

134

LSPD


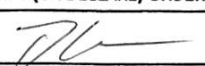
AGENCY

SUPERVISOR

STATEMENT OLSON, TY KENNETH

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

VICTIM / WITNESS											
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Olson Ty Kenneth			RACE	ETH	SEX	DOB 03/30/78	AGE 38			
STREET ADDRESS 10114 54th PI NE				CITY Lake Stevens			STATE Wa	ZIP 98288	RES STATUS rent		
HOME PHONE			CELL PHONE 425-249-6053			PLACE OF EMPLOYMENT Sound Finish					
WORK PHONE			EMAIL ADDRESS TKolson tkolson@gmail.com								
<p>I, <u>Ty Olson</u>, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.</p> <p>traffic stopped quicker than I expected I attempted to stop and collided with Silver VW in front of me.</p>											
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT											
SIGNATURE: 				DATE SIGNED 4/6/16				LOCATION SIGNED lake stevens			
OFFICER/NUMBER: SK1404/132				DATE SIGNED 4/6/16				LOCATION SIGNED LKS			

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E531877

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INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 04 - 06 - 2016	1931	31		0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR 204	BLOCK NO. <input checked="" type="checkbox"/>	9600
	MILE POST <input type="checkbox"/>	

DISTANCE	OF (REFERENCE OR CROSS STREET)
20 00 MILES <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	LAKE DR

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252496053
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LAST NAME	OLSON	FIRST NAME	TY	MIDDLE INITIAL	K
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STREET NEW ADDRESS	410 N OLYMPIC AVE APT 2
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CITY	ARLINGTON	ST	WA	ZIP	982231253
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	OLSONTK222UT	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03	-	30	-	1978
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	6	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AXW2704	STATE	WA	VIN#	WAUML64B03N016243
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2003	MAKE	AUDI	MODEL	A64D	STYLE	4D	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	R R TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. TY OLSON 5010 130TH PL NE MARYSVILLE WA 98271

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4241777178
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 2063847231
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LAST NAME	HEARD	FIRST NAME	ANDREW	MIDDLE INITIAL	T
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STREET NEW ADDRESS	1205 CASINO RD APT D102
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CITY	EVERETT	ST	WA	ZIP	98204
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CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	HEARDAT143LK	STATE	WA	SEX	M	D.O.B. MMDDYYYY	06	-	12	-	1986
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AWF1454	STATE	WA	VIN#	3VWCA7AU0FM513627
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2015	MAKE	VOLK	MODEL	GOLF	STYLE	SW	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	R R TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	------	-------	----	---	----------	------------	---

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ACE INSURANCE ISAH08860725
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	J. KILROY #0132	BADGE OR ID #	#0132	AGENCY	WA0311900
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PART A 3000-345-159 R (7/06)

PAGE 01 OF 4

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FROM TO 3 7 33

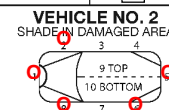
FROM TO 3 7 34

4 35

4 36

41

42




**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E531877**CASE # **2016-00006466**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

Unit 1 was driving west on SR 92 approaching SR 9. Unit 2 was in front of unit 1 driving west on SR 92 approaching SR 9. Unit 3 was in front of unit 2 driving west on SR 92 approaching SR 9. There were vehicles stopped waiting for the light to turn green at SR 92 and SR 9. All three unit's were attempting to slow down. Unit 1 was not able to stop in time and struck unit 2. Unit 2 was then pushed into unit 3.

There were minor injuries and unit 1 and unit 2 were towed from the scene.

Unit 1 was at fault due to following too closely.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132
04-07-16 05:47 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

4/7/2016 5:58:17 AM

BADGE OR ID #

#0132

ORI #

WA0311900

TIME POLICE DISPATCHED

7:33 PM

TIME POLICE ARRIVED

7:35 PM


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**

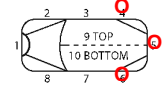

013197

REPORT NO. E531877
CASE # 2016-00006466
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # ☐ **USDOT** ☐ **IOC #** ☐ **VEHICLE TYPE** ☐ **CARGO BODY TYPE** ☐
CARRIER NAME ☐
CARRIER ADDRESS ☐
CITY ☐ **ST** ☐ **ZIP** ☐
NAME SOURCE ☐ **# AXLES** ☐ **GVWR** ☐ **PLACARD** ☐ **+** ☐ **NAME IF NO NUMBER** ☐
ADDITIONAL UNITS
UNIT # **3** **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☒ **NO** ☐ **PHONE** ☐
LAST NAME **MCDADE** **FIRST NAME** **ANDREW** **MIDDLE INITIAL** **M**
STREET NEW ADDRESS **3503 223RD ST SW**
CITY **BRIER** **ST** **WA** **ZIP** **98036**
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # **MCDADAM014CE** **STATE** **WA** **SEX** **M** **D.O.B.** **MMDDYYYY** **02** - **05** - **1999**
ON DUTY ☐ **STATUS** ☐ **AIRBAG** **2** **RESTR.** **4** **EJECT** **1** **HELMET USE** **9** **INJURY CLASS** **7** **NATURE OF INJURIES** **RIGHT FOOT**
LICENSE PLATE # **B15472E** **STATE** **WA** **VIN#** **1GTHK39F6WF039865**
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR **1998** **MAKE** **GMC** **MODEL** **K3** **STYLE** **PK** **VEHICLE TOWED** **YES** ☒ **NO** ☐ **TOWED BY** **R R TOWING** **GOVT. VEHICLE** **YES** ☐ **NO** ☒

 REGISTERED OWNER INFO. **ANDREW MCDADE 3503 223RD ST SW BRIER WA 98036**
LIABILITY INSURANCE IN EFFECT ☒ **INSURANCE CO & POLICY #** **METROPOLITAN CAS 2142304460**
VEHICLE LEGALLY STANDING **YES** ☐ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐

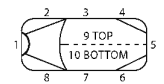
SHADE IN DAMAGED AREA


UNIT # ☐ **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☐ **NO** ☐ **PHONE** ☐
LAST NAME ☐ **FIRST NAME** ☐ **MIDDLE INITIAL** ☐
STREET NEW ADDRESS ☐
CITY ☐ **ST** ☐ **ZIP** ☐
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # ☐ **STATE** ☐ **SEX** ☐ **D.O.B.** **MMDDYYYY** ☐ - ☐ - ☐
ON DUTY ☐ **STATUS** ☐ **AIRBAG** ☐ **RESTR.** ☐ **EJECT** ☐ **HELMET USE** ☐ **INJURY CLASS** ☐ **NATURE OF INJURIES** ☐
LICENSE PLATE # ☐ **STATE** ☐ **VIN#** ☐
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR ☐ **MAKE** ☐ **MODEL** ☐ **STYLE** ☐ **VEHICLE TOWED** **YES** ☐ **NO** ☐ **TOWED BY** ☐ **GOVT. VEHICLE** **YES** ☐ **NO** ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #** ☐
VEHICLE LEGALLY STANDING **YES** ☐ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132
04-07-16 05:47 AM

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED: PLACE SIGNED

BADGE OR ID # **#0132** **ORI #** **WA0311900** **APPROVED BY** **MINER** **DATE** **4/7/2016** **PAGE** **3** **OF** **4**

REPORT NO. E531877

CASE # 2016-00006466

DATE AND TIME
OF COLLISION 04/06/16 19:31

